

IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

APPLICANTS: Seth I. Merrin *et al.*

APPLICATION NO.: 09/834,171

FILING DATE: April 12, 2001

TITLE: ELECTRONIC SECURITIES MARKETPLACE HAVING INTEGRATION WITH ORDER MANAGEMENT SYSTEMS

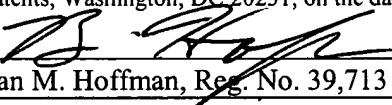
EXAMINER: UNASSIGNED

GROUP ART UNIT: 2161

ATTY. DKT. NO.: 22172-05507

CERTIFICATE OF MAILING

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Dated: June 20, 2001 By: 
Brian M. Hoffman, Reg. No. 39,713

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SIR:

Responsive to Notice to File Missing Parts dated June 8, 2001 received in the above-identified patent application,

Enclosed are:

- a copy of the Notice to File Missing Parts;
- an original, signed Declaration;
- an original, signed Power of Attorney or Authorization of Agent;
- an Application Data Sheet;

- payment in the amount of \$653 for the
 - application filing fee;
 - fee for additional claims; and
 - missing parts surcharge.

- Other

- Applicant claims small entity status under 37 C.F.R. § 1.27.

Respectfully submitted,

SETH I. MERRIN *et al.*

Dated: June , 2001

By: _____

Brian M. Hoffman, Reg. No. 39,713
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Tel.: (415) 875-2484
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H-10
\$SECTOR

PTO/SB/21 (modified)

Approved for use through xx/xx/xx, OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Rev. 10/95
PATENT & TRADEMARK OFFICE

TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

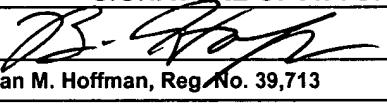
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| U.S. Department of Commerce Patent and Trademark Office | | Application Number | 09/834,171 |
| | | Filing Date | April 12, 2001 |
| | | First Named Inventor | Seth I. Merrin et al. |
| | | Group Art Unit Number | 2161 |
| | | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | 22172-05507 |

ENCLOSURES (check all that apply)

- | | |
|---|--|
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| <input checked="" type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
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| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
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| <input type="checkbox"/> Status Request | |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | |

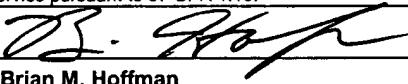
REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

| | |
|--------------------|---|
| Signature: |  |
| Attorney/Reg. No.: | Brian M. Hoffman, Reg. No. 39,713 |
| Dated: | June 20, 2001 |

CERTIFICATE OF MAILING

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| Signature: |  |
| Typed or Printed Name: | Brian M. Hoffman |
| Dated: | June 20, 2001 |
| Express Mail Mailing Number (optional): | |



PTO/SB/17 (10-00)(modified)
Approved for use through 09/29/01, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|--|--|------------------------|-----------------------|
| 0002/PTO(modified) Rev. 10/2000 | PATENT AND TRADEMARK OFFICE U.S. DEPARTMENT OF COMMERCE | Complete if Known | |
| | | Application Number | 09/834,171 |
| | | Filing Date | April 12, 2001 |
| | | First Named Inventor | Seth I. Merrin et al. |
| | | Group Art Unit | 2161 |
| | | Examiner Name | UNASSIGNED |
| TOTAL AMOUNT OF PAYMENT Subtotal (1) + Subtotal (2) + Subtotal (3) = | | Attorney Docket Number | 22172-05507 |
| (\\$) 653.00 | | | |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. The Commissioner is hereby authorized to: <ul style="list-style-type: none"> <input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†] <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 | | 3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th></th> <th></th> </tr> <tr> <th>Fee Code/Fee</th> <th>Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr> <td>105/\$130</td> <td>205/\$65</td> <td>Surcharge - late filing fee or oath</td> <td>65</td> </tr> <tr> <td>127/\$50</td> <td>227/\$25</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>147/\$2,520</td> <td>147/\$2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>115/\$110</td> <td>215/\$55</td> <td>Extension for response within first month[†]</td> <td></td> </tr> <tr> <td>116/\$390</td> <td>216/\$195</td> <td>Extension for response within second month[†]</td> <td></td> </tr> <tr> <td>117/\$890</td> <td>217/\$445</td> <td>Extension for response within third month[†]</td> <td></td> </tr> <tr> <td>118/\$1,390</td> <td>218/\$695</td> <td>Extension for response within fourth month[†]</td> <td></td> </tr> <tr> <td>128/\$1,890</td> <td>228/\$945</td> <td>Extension for response within fifth month[†]</td> <td></td> </tr> <tr> <td>119/\$310</td> <td>219/\$155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>141/\$1,240</td> <td>241/\$620</td> <td>Petition to revive unintentionally abandoned application</td> <td></td> </tr> <tr> <td>142/\$1,240</td> <td>242/\$620</td> <td>Utility Issue Fee (Or Reissue)</td> <td></td> </tr> <tr> <td>143/\$440</td> <td>243/\$220</td> <td>Design Issue Fee</td> <td></td> </tr> <tr> <td>122/\$130</td> <td>122/\$130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>126/\$180</td> <td>126/\$180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>179/\$710</td> <td>279/\$355</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>581/\$40</td> <td>581/\$40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146/\$710</td> <td>246/\$355</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149/\$710</td> <td>249/\$355</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1) (\\$) 355</td> <td colspan="2" style="text-align: right;">SUBTOTAL (3) (\\$) 65</td> <td></td> </tr> <tr> <td colspan="2"> 2. CLAIMS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> </tr> <tr> <th>Fee Code/Fee</th> <th>Fee Code/Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td>103/\$18</td> <td>203/\$9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102/\$80</td> <td>202/\$40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104/\$270</td> <td>204/\$135</td> <td>Multiple dependent claim</td> </tr> <tr> <td>109/\$80</td> <td>209/\$40</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110/\$18</td> <td>210/\$9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> </td> <td colspan="3"> Other fee (specify): Other fee (specify): <table border="1" style="margin-top: 10px; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(Col. 1)</th> <th style="text-align: center;">(Col. 2)</th> <th style="text-align: center;">(Col. 3)</th> <th></th> </tr> <tr> <th style="text-align: center;">For</th> <th style="text-align: center;">No. of Existing Claims</th> <th style="text-align: center;">Highest No. Previously Paid For</th> <th style="text-align: center;">Extra**</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">TOTAL</td> <td style="text-align: center;">37</td> <td style="text-align: center;">minus*</td> <td style="text-align: center;">20 or 0</td> </tr> <tr> <td style="text-align: center;">INDEP</td> <td style="text-align: center;">5</td> <td style="text-align: center;">minus*</td> <td style="text-align: center;">3 or 0</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">17</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">x</td> <td style="text-align: center;">9</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">x</td> <td style="text-align: center;">40</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">163</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">80</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> <p style="text-align: center;">[] First presentation of multiple dependent claim</p> </td> </tr> <tr> <td colspan="2"></td> <td colspan="3" style="text-align: right;">SUBTOTAL (2) (\\$) 233</td> </tr> <tr> <td colspan="2"></td> <td colspan="3" style="text-align: right;">SUBTOTAL (3) (\\$) 233</td> </tr> </tbody> </table> | | | Large Entity | Small Entity | | | Fee Code/Fee | Fee Code/Fee | Fee Description | Fee Due | 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | 65 | 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | | 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | | 115/\$110 | 215/\$55 | Extension for response within first month [†] | | 116/\$390 | 216/\$195 | Extension for response within second month [†] | | 117/\$890 | 217/\$445 | Extension for response within third month [†] | | 118/\$1,390 | 218/\$695 | Extension for response within fourth month [†] | | 128/\$1,890 | 228/\$945 | Extension for response within fifth month [†] | | 119/\$310 | 219/\$155 | Notice of Appeal | | 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | | 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | | 143/\$440 | 243/\$220 | Design Issue Fee | | 122/\$130 | 122/\$130 | Petitions to the Commissioner | | 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement | | 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | | 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | | SUBTOTAL (1) (\\$) 355 | | SUBTOTAL (3) (\\$) 65 | | | 2. 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| Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code/Fee | Fee Code/Fee | Fee Description | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115/\$110 | 215/\$55 | Extension for response within first month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116/\$390 | 216/\$195 | Extension for response within second month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117/\$890 | 217/\$445 | Extension for response within third month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118/\$1,390 | 218/\$695 | Extension for response within fourth month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128/\$1,890 | 228/\$945 | Extension for response within fifth month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119/\$310 | 219/\$155 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143/\$440 | 243/\$220 | Design Issue Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122/\$130 | 122/\$130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) (\\$) 355 | | SUBTOTAL (3) (\\$) 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CLAIMS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> </tr> <tr> <th>Fee Code/Fee</th> <th>Fee Code/Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td>103/\$18</td> <td>203/\$9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102/\$80</td> <td>202/\$40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104/\$270</td> <td>204/\$135</td> <td>Multiple dependent claim</td> </tr> <tr> <td>109/\$80</td> <td>209/\$40</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110/\$18</td> <td>210/\$9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> | | Large Entity | Small Entity | Fee Description | Fee Code/Fee | Fee Code/Fee | | 103/\$18 | 203/\$9 | Claims in excess of 20 | 102/\$80 | 202/\$40 | Independent claims in excess of 3 | 104/\$270 | 204/\$135 | Multiple dependent claim | 109/\$80 | 209/\$40 | Reissue independent claims over original patent | 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | Other fee (specify): Other fee (specify): <table border="1" style="margin-top: 10px; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(Col. 1)</th> <th style="text-align: center;">(Col. 2)</th> <th style="text-align: center;">(Col. 3)</th> <th></th> </tr> <tr> <th style="text-align: center;">For</th> <th style="text-align: center;">No. of Existing Claims</th> <th style="text-align: center;">Highest No. Previously Paid For</th> <th style="text-align: center;">Extra**</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">TOTAL</td> <td style="text-align: center;">37</td> <td style="text-align: center;">minus*</td> <td style="text-align: center;">20 or 0</td> </tr> <tr> <td style="text-align: center;">INDEP</td> <td style="text-align: center;">5</td> <td style="text-align: center;">minus*</td> <td style="text-align: center;">3 or 0</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">17</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">x</td> <td style="text-align: center;">9</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">x</td> <td style="text-align: center;">40</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">163</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">80</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> <p style="text-align: center;">[] First presentation of multiple dependent claim</p> | | | (Col. 1) | (Col. 2) | (Col. 3) | | For | No. of Existing Claims | Highest No. Previously Paid For | Extra** | TOTAL | 37 | minus* | 20 or 0 | INDEP | 5 | minus* | 3 or 0 | | | = | 17 | | | = | 2 | | | x | 9 | | | x | 40 | | | = | 163 | | | = | 80 | | | = | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code/Fee | Fee Code/Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103/\$18 | 203/\$9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102/\$80 | 202/\$40 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104/\$270 | 204/\$135 | Multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109/\$80 | 209/\$40 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Col. 1) | (Col. 2) | (Col. 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For | No. of Existing Claims | Highest No. Previously Paid For | Extra** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 37 | minus* | 20 or 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEP | 5 | minus* | 3 or 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | = | 163 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | = | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | SUBTOTAL (2) (\\$) 233 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) (\\$) 233 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-----------------------|------------------|--------------------------|---------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Typed or Printed Name | Brian M. Hoffman | Reg. Number | 39,713 |
| Signature | | Date | June 20, 2001 |

[†] Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/834,171 | 04/12/2001 | Seth I. Merrin | 22172-05507 |

CONFIRMATION NO. 2698

00758
 FENWICK & WEST LLP
 TWO PALO ALTO SQUARE
 PALO ALTO, CA 94306

FORMALITIES LETTER



OC000000006162049

Date Mailed: 06/08/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- Total additional claim fee(s) for this application is \$466.
 - \$306 for 17 total claims over 20.
 - \$160 for 2 independent claims over 3 .
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 1306.**

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

06/27/2001 MBERNE 00000098 09834171

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|-----------|--------|----|
| 01 FC:201 | 355.00 | OP |
| 02 FC:205 | 65.00 | OP |
| 03 FC:203 | 153.00 | OP |
| 04 FC:202 | 80.00 | OP |